



Associate Business Member APPLICATION



Name of Company _____ Application Date _____

Membership Contact _____ Title _____

Address _____

City _____ State _____ Zip _____ Telephone _____

Email _____ Website _____

Please insert your company description below (this description will be uploaded to our ABM Directory).

AHCA/NCAL reserves the right to deny this application for membership under the conditions specified in its Bylaws. AHCA/NCAL bylaws require all long term care facilities owned by Association Business Members to be members of the appropriate Affiliate Association(s).

*Does your company own and/or operate long term care or senior living communities? ___YES ___NO
If yes, are all communities provider members of the appropriate Affiliate Associations? ___YES ___NO*

Specify Industry:

<p>Facility Management & Operations:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Architecture & Interior Design <input type="checkbox"/> Consultant <input type="checkbox"/> Education/Training <input type="checkbox"/> Emergency Call <input type="checkbox"/> Employment/Recruitment <input type="checkbox"/> Finance <input type="checkbox"/> Foodservice <input type="checkbox"/> Group Purchasing <input type="checkbox"/> Insurance/Risk Management <input type="checkbox"/> Legal Services <input type="checkbox"/> Marketing <input type="checkbox"/> Publications <input type="checkbox"/> Security/Monitoring <input type="checkbox"/> Technology/Software <input type="checkbox"/> Television/Internet Services <input type="checkbox"/> Time & Attendance <input type="checkbox"/> Transportation 	<p>Facility Maintenance:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Design/Build/Remodel <input type="checkbox"/> Environmental Supplies & Services <input type="checkbox"/> Facility Maintenance <input type="checkbox"/> Flooring/Carpet <input type="checkbox"/> Furnishings <input type="checkbox"/> Heating & Cooling <input type="checkbox"/> Housekeeping/Laundry <input type="checkbox"/> Linens & Textiles <input type="checkbox"/> Sanitation <input type="checkbox"/> Uniforms <input type="checkbox"/> Waste Management 	<p>Resident Care:</p> <ul style="list-style-type: none"> Behavioral Health Dementia Care Diagnostic Services Fall Detection/Prevention Hospice Infection Control Laboratory Services Medical Supplies & Equipment Miscellaneous <input type="checkbox"/> Nutrition Oral Health Pharmaceutical Physician Services Rehabilitation/Therapy Skin Care/Incontinence Telehealth Wound Care
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Indicate Annual Membership Dues: **Bronze \$2,335** **Silver \$5,835** **Gold \$10,815**

Payment Methods:

➤ Send credit card information via secure fax: 202.842.9806 or call Jen Humphrey at (202) 898.2823

Visa MasterCard American Express

Credit Card # _____ Exp. Date: _____

Cardholder Name _____ CVV: _____

Cardholder Address _____ City _____ State _____ Zip _____

Cardholder Signature _____

➤ Send a check (*made payable to AHCA*) to:

American Health Care Association, Attention: Finance, PO Box 791724, Baltimore, MD 21279-1724

In compliance with Section 6033(e) of the Internal Revenue Code (IRC), the American Health Care Association reasonably estimates that 30% of 2024 AHCA/NCAL dues will be spent on lobbying and other expenditures subject to Section 162(e)(1) of the IRC.